

# MEMORIES OF MIGRATION SUMMER TEEN INTERN APPLICATION 2018



Thank you for your interest in becoming a **Memories of Migration Summer Teen Intern**. Interested students should **complete and return this application form to Mrs. Karp at MOM@westhartfordlibrary.org or in person to the Noah Webster Teen Room by Friday, June 8 at 5:00PM.** Candidates who are chosen for an interview will be notified by e-mail on Monday, June 11. For more information on teen interns and the Memories of Migration program, please see the "Call for Summer Teen Interns" link at <http://bit.ly/MOMinternship2018>.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

*Please answer each of the following questions. You may write your answers in the space provided or on another sheet of paper (particularly for #1 and #3, which merit a more detailed response).*

1. Why would you like to participate in the Memories of Migration project?

2. How did you hear about this program?

3. Describe your interest in or experience with local history, oral history, and/or video making.

4. What is your availability this summer? Will you be free most weekdays July 9-July 31 (Yes/No)? \_\_\_\_\_

Do you know if you will be going on vacation? If so, please state which dates you will be away:

5. Do you have reliable transportation to get to the Noah Webster Library (Yes/No)?  
\_\_\_\_\_

*I am aware that my child is applying to become a Memories of Migration Summer Teen Intern.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This project is made possible by the West Hartford Public Library  
Foundation.**

